

Benefits through Montana's Workers' Compensation System are intended to assist a worker who suffers a work-related injury or occupational disease. The medical provider's diagnosis, treatment plan, and return to work decisions help define what benefits may be available to an injured worker. Following the medical provider's directions, prompt communication with your claims examiner and your employer can expedite the recovery process.

Injured workers can expect limited benefits for medical, wage replacement & rehabilitation to help with recovery from a work-related injury or occupational disease. The workers' compensation system does not make monetary awards for pain and suffering.

What is Workers' Compensation?



Workers' compensation in Montana is designed to:

- Provide, without regard to fault, wage loss benefits and medical benefits to workers suffering from a work-related injury or occupational disease;
- Return the worker to the workforce as soon as possible; and
- Provide coverage at reasonably constant rates to employers.

Montana has laws that are specific about limits of liability. Employers are not obligated to make payments beyond those limits.

Who is covered?

Workers' compensation insurance is required for most types of employment. If you are injured on the job, you may be eligible for workers' compensation benefits provided you submit notice and the proper claim form on time.

Reporting Requirements



What do I have to do?

Report all on-the-job injuries to your supervisor, insurer, or employer as soon as possible regardless of if you receive medical treatment. You must give notice within **30 days** after the occurrence of the accident. The notice must include the time and place where the accident occurred and the nature of the injury. This 30-day notice requirement does not apply to occupational diseases.

You must submit a signed First Report of Injury (FROI) within **12 months** from the date of the accident. You can submit this form to your employer, the workers' compensation insurer, or the Montana Department of Labor & Industry (MTDLI), Employment Relations Division (ERD). FROI forms are available from your employer, insurer, or the MTDLI website erd.dli.mt.gov

To claim an occupational disease, you must submit a signed FROI in writing to your employer, insurer, or MTDLI within **one year** from the date you knew, or should have known your condition resulted from an occupational disease. An occupational disease is a condition caused by events occurring on more than a single day or work shift.

Upon receipt of your signed FROI, the insurer has **30 days** to either accept or deny your claim.

What medical benefits are provided?

Once the insurer accepts your injury or occupational disease claim, you are entitled to reasonable medical costs, including doctor, hospital, and prescription payments. You do not have to pay the balance between what the medical provider charges and the insurance company pays.

You may choose the treating physician for initial treatment. However, any time after acceptance of liability by an insurer, the insurer may designate a different treating physician, or approve your choice of the treating physician.

The treating physician is responsible for the management and coordination of your medical care and must treat you within the recommendations of the Montana Utilization and Treatment Guidelines adopted by MTDLI including prescribing medications pursuant to the Montana Workers' Compensation Drug Formulary. An insurer is not responsible for treatment or services that do not fall within the utilization and treatment guidelines unless the provider obtains prior authorization from the insurer.

Are my medical benefits open forever?

No. Medical benefits terminate **60 months** from the date of injury or diagnosis of an occupational disease. A worker may request reopening of terminated medical benefits within **five years** of the termination by filing a petition with MTDLI. Repair or replacement of a prosthesis or permanently totally disabled workers are exempt from the closure of medical benefits.

What charges do I have to pay?

After your first visit to an emergency room, you are responsible for **\$25** of the cost of each subsequent visit to an emergency room. An insurer will only pay for the purchase of generic name drugs if the generic product is a therapeutic equivalent unless the generic product is unavailable. You may be required to pay the difference between name-brand drugs and the generic if you choose to use the name brand product.

If I have to travel for treatment of my injury or occupational disease, who pays for the travel?

The insurer is required to pay reasonable travel expense. Your first **100 miles** of travel per month are excluded. Workers will not receive payment for travel outside their community if equal treatment is available within the community, unless the insurer requests that you attend a medical appointment. You will not receive a payment

if you are incurring travel to unauthorized or disallowed treatment or procedures. Travel claim forms are provided by the insurer.

What do I have to do to qualify for reimbursed travel expenses?

You must submit the travel claim to the insurer within **90 days** of the travel.

Wage Loss



If your medical provider doesn't permit you to return to work because of your injury or occupational disease, and your claim has been accepted by the insurer, you may be eligible for wage loss benefits. If you are eligible for compensation benefits, no compensation may be paid for the first **32 hours** or **four days** of wage loss whichever is less. You are eligible for compensation starting with the **33rd hour** or **fifth day of wage loss**. If you are totally disabled and unable to work for **21 days** or longer, compensation may be paid retroactively to the first day of total wage loss.

What if I can't work at all for an extended period?

If you suffer a total loss of wages due to your injury or occupational disease, you may be eligible for Temporary Total Disability (TTD) benefits until your medical provider determines you have reached maximum medical improvement (MMI) or you are released to return to the employment in which you were injured or a job with similar physical requirements. You may receive weekly compensation of 66 2/3% of your gross wages at the time of injury - up to the maximum rate of \$819 a week. Wages may include lodging, rent, or housing if it constitutes part of the employee's remuneration.

If I can work with a temporary work restriction, am I eligible for benefits?

Possibly. If prior to reaching maximum medical improvement, you have a physical restriction, suffer an actual wage loss and are approved to return to modified or alternative employment, you may be eligible for Temporary Partial Disability benefits (TPD). The benefits are:

- The difference between your average weekly wage at the time of injury, subject to the maximum of 40 hours a week, and the actual wages you earn in the modified or alternative employment and;
- May not exceed your temporary total disability rate of \$819 a week.

What happens if I am partially disabled because of the injury or occupational disease?

If your medical provider determines you have reached (MMI), you may be eligible for **Permanent Partial Disability (PPD)** benefits if you have an actual wage loss resulting from the injury or occupational disease and an impairment rating of Class 2 or greater. If there is no wage loss, you are entitled to an impairment rating only.

What if I can no longer work because of the injury or occupational disease?

If your medical provider determines you have reached MMI and you can't return to any regular employment, you may be eligible for **Permanent Total Disability (PTD)** benefits. Regular employment means recurring work performed for remuneration in a trade, business, profession or other occupation in the state.

The benefit rate is the same as for Temporary Total Disability (TTD). Benefits are available until you are eligible to receive Social Security retirement benefits or retirement benefits from a system that is an alternative to Social Security retirement. Benefits are subject to a cost of living increase. If you also receive Social Security disability payments as a result of your workers' compensation claim, your weekly compensation payments may be reduced by up to ½ of your Social Security payment.

Stay at Work/Return to Work

DLI and workers' compensation insurers assist Montana workers in efforts to stay at work or return to work quickly after a work-related injury. To request stay at work or return to work assistance, contact your workers' compensation insurer or MTDLI by visiting erd.dli.mt.gov or by phone (406) 444-1752.

Death Benefits

If an on-the-job injury or occupational disease is the cause of death, contact the workers' compensation insurance provider or MTDLI, ERD for information.

Rehabilitation Benefits

You may be eligible for rehabilitation benefits if:

- You have a permanent medical impairment resulting from your injury or occupational disease and cannot return to your time of injury job or a job with similar physical requirements and;
- You suffer an actual wage loss; or
- You have a permanent medical impairment rating 15% or greater and have no actual wage loss.

The Importance of Providing Accurate and Truthful Information

When you sign your FROI, you are confirming the information on the claim is true. If you obtain benefits to which you are not entitled, you may be guilty of theft, and criminal proceedings can be initiated. Helping someone else to fraudulently obtain benefits is also a crime.

Can I report suspected fraud?

Yes, you can report suspected fraud by calling the Montana State Fund Fraud Hotline at (888) 682-7463 (if the employer is insured by Montana State Fund) or the MTDLI at (406) 444-6543.

Who provides coverage for my claim?

Ask your employer for the name of the company providing coverage for the employer, or you may contact ERD at (406) 444-6543.

Rights & Remedies

If you disagree with a decision made by your insurer regarding benefits, you may request mediation through the DLI at (406) 444-6534.

Within two years of the insurer's denial of benefits and upon satisfying the mediation requirements, you may petition the workers' compensation judge for a determination of the dispute.

This brochure is not all-inclusive of every situation in workers' compensation.

For more information:

ERD.DLI.MT.GOV

(406) 444-6543

Fax: (406) 444-4140

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Revised 2019



Montana Department of
LABOR & INDUSTRY

25,000 copies of this public document were published at an estimated cost of \$0.066 per copy, for a total cost of \$1,655.00, which includes \$1,655.00 for printing and \$0.00 for distribution.

WORKERS' COMPENSATION BENEFITS SUMMARY

For dates of injury occurring on or after July 1, 2019 through June 30, 2020.



Montana Department of
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